## P00 000055496

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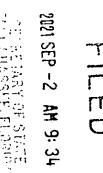
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:Rav	ina, Inc.
DOCUMENT NUMBER: P000000	55496
The enclosed Articles of Amendment ar	nd fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
	Nichole Roche
	Name of Contact Person
	KPPB Law
	Firm/ Company
	990 Hammond Drive, NE, Suite 800
-	Address
	Atlanta, GA 30328
	City/ State and Zip Code
E-mail addre	ess: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Nichole Roche	at ( <u>678</u> ) <u>443-2222</u>
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following an	nount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Fil Certificate	-
Mailing Address Amendment Section Division of Corporation P.O. Box 6327	Street Address Amendment Section Division of Corporations

## Articles of Amendment to Articles of Incorporation of

FILED 2021 SEP-2 AM 9: 34

Ravina, Inc.	AM 9:
(Name of Corpora	tion as currently filed with the Florida Dept. of State)
P00000055496	11935E 1937E
	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	The new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation "Corp.," c," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u> )
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
	(1 to that site est than ess)
New Registered Office Address:	(City) . Florida (City)
	(Cliv) (Zip Code)
New Registered Agent's Signature, if changing Re Thereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer: S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>v</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	President	Mahesh Patel	1104 S. Dixie Highway
Add			Lake Worth, FL 33460
X Remove			
2) Change	<u>D</u>	Amisha Patel	1104 S. Dixie Highway
Add			Lake Worth, FL 33460
Υ	President/Direc	ctor Vipulkumar Patel	2900 13th Street
X Add			St. Cloud, FL 34769
Remove			
4) Change			
Add	<u> </u>		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		<del></del>	
<del></del>			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)						
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If an am	endment provides for an	exchange, reclassit	fication, or canc	ellation of issued	shares,	
provisio	ons for implementing the not applicable, indicate N/A	amendment if not	contained in the	amendment itse	elf:	
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The date of each amendment(s) at date this document was signed.	option:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
XI The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) Ticient for approval.
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):  For the amendment(s) was/were sufficient for approval
	•••
by	(voting group)
Dated 8   2	0131
Signature	pl-1-1/-/
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court ded fiduciary by that fiduciary)
	Vipulkumar Patel
	(Typed or printed name of person signing)
	President
	(Title of person signing)